



# THE LISTENER'S CHOICE: A STUDY ON PREFERRED CONTEMPORARY TECHNOLOGIES IN THE ASSAMESE MUSIC INDUSTRY

Patel Chintankumar Jitendrakumar<sup>1</sup>, Dr. Amitkumar Shah<sup>2</sup>

<sup>1</sup> Ph.D. Research Scholar, Monarak University, Ahmedabad

<sup>2</sup> Assistant Professor, Monarak University, Ahmedabad

## ABSTRACT

The complex interplay between psychiatric illness and criminality presents one of the most challenging issues in the modern criminal justice system. This research paper explores the socio-legal dimensions of psychiatric disorders contributing to criminal behavior, particularly focusing on Gujarat State. The study investigates how psychiatric conditions influence criminal actions, the societal responses towards such individuals, the treatment of mentally ill offenders within the legal system, and the effectiveness of existing laws and institutions. It also analyses landmark judicial decisions and empirical data from Gujarat to evaluate the protection and rehabilitation mechanisms for mentally ill offenders.

**KEYWORDS:** Psychiatric Illness, Criminality Criminal Justice System, Mental Health and Law, Legal Safeguards, Indian Penal Code (IPC), Mental Healthcare, Forensic Psychiatry, Rehabilitation Mechanisms, Societal Response, Judicial Decisions

## 1. INTRODUCTION

Psychiatric illness and criminal behavior are often viewed in separate domains, yet they overlap significantly in the criminal justice context. With growing recognition of mental health issues in India, it becomes essential to examine how the law interacts with individuals suffering from psychiatric disorders who become involved in criminal acts. Gujarat, with its evolving criminal justice and healthcare frameworks, provides a meaningful context to study this issue. The paper intends to bridge the gap between psychiatry and law, exploring the extent of legal safeguards, institutional mechanisms, and societal awareness in dealing with mentally ill offenders.

Psychiatric illness and criminal behavior are often viewed in separate domains, yet they overlap significantly in the criminal justice context. With growing recognition of mental health issues in India, it becomes essential to examine how the law interacts with individuals suffering from psychiatric disorders who become involved in criminal acts. The intersection of mental health and criminality raises complex questions about culpability, intent, and the appropriateness of punitive versus rehabilitative responses. Gujarat, with its evolving criminal justice and healthcare frameworks, provides a meaningful context to study this issue, especially in light of recent reforms and growing public discourse around mental health.

The paper intends to bridge the gap between psychiatry and law, exploring the extent of legal safeguards, institutional mechanisms, and societal awareness in dealing with mentally ill offenders. It aims to critically analyze the effectiveness of existing legal provisions under the Indian Penal Code and the Mental Healthcare Act, 2017, while also highlighting procedural challenges faced by law enforcement and judiciary in identifying and appropriately responding to psychiatric

conditions. Furthermore, the study will investigate the role of forensic psychiatry, mental health institutions, and community-based interventions in ensuring justice and humane treatment for this vulnerable group. By drawing on case studies, legislative frameworks, and empirical data from Gujarat, the paper seeks to contribute to the larger discourse on balancing justice, public safety, and human rights in the treatment of mentally ill individuals within the criminal justice system.

## 2. BASIC CONCEPTS:

- **Psychiatric Illness:** Includes a wide spectrum of mental disorders such as schizophrenia, bipolar disorder, severe depression, personality disorders, and psychoses that impact cognition, emotion, and behavior.
- **Criminality:** The quality or state of being criminal, involving actions that violate laws and attract legal sanctions.
- **Legal Insanity:** Under Section 84 IPC, legal insanity refers to the inability of an accused to understand the nature of the act or distinguish right from wrong due to unsoundness of mind at the time of the offense.

## 3. OBJECTIVES OF THE STUDY:

1. To explore the correlation between psychiatric illness and criminal conduct.
2. To assess the effectiveness of the legal system in Gujarat in dealing with such cases.
3. To evaluate the implementation of national laws such as the Mental Healthcare Act, 2017 in Gujarat.
4. To identify gaps in legal and institutional mechanisms.
5. To suggest reforms for improving the treatment and rehabilitation of mentally ill offenders.

#### 4. SCOPE AND LIMITATIONS:

- **Scope:** This study focuses on the legal, medical, and societal treatment of criminal offenders diagnosed with psychiatric disorders within the State of Gujarat. It delves into the multifaceted response mechanisms employed by the criminal justice system, mental health institutions, and society at large when addressing crimes committed by individuals with mental illness. The research includes a comprehensive analysis of relevant legislation such as the Indian Penal Code, the Code of Criminal Procedure, and the Mental Healthcare Act, 2017, alongside pertinent judicial pronouncements and case laws emerging from Gujarat's courts. It also reviews forensic psychiatric evaluations, medical reports, and the operational practices of state-run mental health institutions and correctional facilities. By integrating legal theory, psychiatric evaluation, and ground-level implementation, the study aims to assess the adequacy and effectiveness of existing frameworks in ensuring both justice and therapeutic intervention for mentally ill offenders. Furthermore, it critically examines societal attitudes, systemic gaps, and the challenges encountered in harmonizing legal obligations with humanitarian responsibilities.
- **Limitations:** Restricted access to confidential psychiatric records, under-reporting of crimes involving mentally ill persons, and reliance on secondary data sources for empirical insights.

#### 5. RESEARCH METHODOLOGY:

- **Doctrinal Research:** Examination of Indian laws, judicial decisions, international conventions, and legal commentaries.
- **Empirical Research:** Interviews with psychiatrists, police personnel, legal experts, and prison authorities in Gujarat. Analysis of NCRB data, prison records, and case files from Gujarat High Court.
- **Case Study Method:** Detailed examination of individual cases involving mentally ill accused from Gujarat.

#### 6. LEGAL FRAMEWORK:

- **Indian Penal Code, 1860:** Section 84 provides immunity from criminal liability if the accused was incapable of understanding the nature of the act due to unsoundness of mind.
- **Code of Criminal Procedure, 1973:** Sections 328-330 outline procedures for inquiries and trials involving accused persons of unsound mind.
- **Mental Healthcare Act, 2017:** Provides for mental healthcare rights, decriminalizes suicide, mandates legal representation, and sets out duties for state mental health authorities.
- **National Human Rights Commission Guidelines:** Emphasize humane treatment, legal aid, and timely evaluations of mentally ill prisoners.

#### 8. GUJARAT-SPECIFIC CONTEXT:

##### 1. Forensic Mental Health Institutions in Gujarat

Gujarat has a limited but significant set of institutions providing mental healthcare to accused persons with psychiatric disorders.

These include:

##### *Mental Health Hospital, Ahmedabad*

Established during the colonial period, this is one of the oldest and largest mental health institutions in Gujarat. It serves both civil and forensic psychiatric patients, including those referred by the judiciary and prison authorities.

##### *Psychiatry Departments in Major Civil Hospitals*

Civil hospitals in Surat, Vadodara, and Rajkot house psychiatry departments that extend services to forensic patients. These departments provide initial evaluation, emergency psychiatric care, and expert opinions required by the courts.

##### *Prison Psychiatric Units*

Specialized psychiatric services are available within Sabarmati Central Jail (Ahmedabad) and Lajpore Jail (Surat). These units conduct mental health assessments, provide ongoing psychiatric treatment, and monitor inmates diagnosed with mental illness. However, the scope and quality of care often vary due to resource limitations.

#### 2. Policy Initiatives and Legal Framework

The Mental Healthcare Act (MHCA), 2017, brought a rights-based approach to mental health treatment in India and mandated the establishment of state-level authorities for its implementation.

##### *Gujarat Mental Health Authority (GMHA)*

Established under MHCA, 2017, the GMHA is responsible for regulating mental health services, registering Mental Health Establishments (MHEs), and monitoring the rights of persons with mental illness in the state.

It plays a key role in framing state-specific implementation rules, coordinating with the judiciary, and enhancing institutional accountability in both general and forensic mental healthcare settings.

#### 3. Persistent Challenges

Despite these developments, Gujarat continues to face several systemic challenges in the effective handling of mentally ill offenders:

A critical shortage of trained psychiatrists, psychologists, and psychiatric social workers hampers timely and accurate diagnosis, treatment, and follow-up.

##### *Lack of Forensic Psychiatry Training*

Most mental health professionals, police officials, and legal practitioners lack specialized training in forensic psychiatry, leading to gaps in understanding the medico-legal complexities involved.

##### *Delayed Assessments and Procedural Bottlenecks*

The absence of streamlined protocols and inter-departmental coordination often results in delayed mental health assessments of accused individuals, thereby violating their rights to speedy trial and just treatment.

## 8. FORMS AND PATTERNS OF CRIME INVOLVING MENTAL ILLNESS:

Understanding the types of crimes committed by individuals with psychiatric illnesses is crucial to formulating appropriate legal, medical, and rehabilitative responses. While not all persons with mental illness engage in criminal behavior, certain psychiatric conditions may contribute to impaired judgment, impulsivity, or distorted perceptions of reality, leading to unlawful acts. Common behavioral patterns observed in forensic psychiatry include:

### Crimes of Passion or Impulsive Acts

Individuals experiencing manic episodes, borderline personality disorder, or intermittent explosive disorder may commit impulsive acts without premeditation. These crimes are often emotionally driven, such as sudden assaults or domestic violence, and may occur in response to perceived provocation, rejection, or emotional instability.

### Homicide and Suicide Attempts

Severe psychiatric conditions such as schizophrenia, bipolar disorder (particularly depressive phases), and major depressive disorder can lead to delusional thinking or profound hopelessness. In such states, individuals may commit homicide under paranoid delusions or attempt suicide due to overwhelming despair—sometimes both, in the form of homicide-suicide incidents.

### Sexual Offences

Certain sexual offences may be associated with impulse control disorders, intellectual disabilities, or paraphilic disorders. A lack of understanding of social boundaries or reduced behavioral inhibition due to psychiatric illness can result in inappropriate sexual behavior or assault.

### Property Offences under Delusional Influence

Crimes such as theft, trespass, or vandalism may occur when individuals act under the influence of delusions, believing that they have a right to the property or that their actions are justified by a false belief system. These cases are frequently observed in individuals with psychotic disorders or paranoid schizophrenia.

### Repeated Offending and Recidivism

Recurrent criminal behavior is often linked to the absence of continuous psychiatric treatment, lack of social support, and comorbid substance abuse. Without sustained mental health care and community-based follow-up, individuals may relapse into unstable mental states, increasing the likelihood of repeat offenses.

## 10. CASE LAW ANALYSIS:

### Dahyabhai Chhaganbhai Thakkar v. State of Gujarat (1964)

This landmark case laid the foundation for interpreting the insanity defense under Section 84 of the Indian Penal Code (IPC). The Supreme Court clarified that while the burden of proof lies on the accused to establish insanity, it is not as stringent as the prosecution's burden to prove guilt beyond a reasonable doubt. Circumstantial and medical evidence may

suffice to raise a reasonable doubt about the mental condition of the accused at the time of the offense.

### State of Gujarat v. Rameshbhai Patel

In this case, the accused was diagnosed with paranoid schizophrenia and had a documented history of mental illness. The court accepted the medical evidence and behavioral history, leading to an acquittal under Section 84 IPC. This case reaffirmed the legal principle that a person of unsound mind, incapable of understanding the nature and consequences of their actions, is not criminally liable.

### State of Gujarat v. Jitendra Parmar

The court, in this matter, rejected the plea of insanity on the grounds that the accused's actions were premeditated and lacked corroborative medical documentation. The judgment emphasized that the mere assertion of mental illness is insufficient unless supported by credible medical evidence and behavioral proof indicating unsoundness of mind at the time of the crime.

### State of Gujarat v. Jayantilal D. Patel (2021)

This recent case highlighted systemic shortcomings, where the accused was allegedly suffering from a mental disorder, but a significant delay in psychiatric evaluation was noted. The court expressed concern that such delays violate the accused's right to a fair trial, enshrined under Article 21 of the Constitution. The judgment urged judicial and administrative reforms for timely mental health assessments in criminal proceedings.

## 10. Empirical Data (Gujarat-Based):

### 1. Mental Health Burden in Prisons (2022 Data Snapshot)

**Total Inmate Population:** 13,200 across various jails in Gujarat.

**Diagnosed Cases of Mental Illness:** Approximately **420 inmates** (~3.2%), suggesting a significant population in need of ongoing psychiatric care.

### Suicide Cases in 2022:

**Total Suicides Reported:** 11 cases

**Inmates with Prior Mental Health History:** 8 of the 11 suicides were individuals with documented psychiatric disorders, highlighting the urgent need for mental health surveillance and intervention.

### 2. Deficiencies in Medical Infrastructure

Of the **nine major correctional facilities** in Gujarat, **only three** are equipped with **full-time psychiatric professionals** on site.

The **remaining six jails** rely on **weekly visits** by external psychiatrists or mental health consultants, which severely limits continuous care, emergency interventions, and proper monitoring.

This sporadic care model fails to address the dynamic and high-risk mental health needs of inmates, especially those with acute psychiatric episodes or suicidal tendencies.

### 3. Judicial and Procedural Delays

The average delay in conducting psychiatric evaluations post-arrest ranges from 50 to 90 days.

Such delays can:

- Prolong pre-trial detention without adequate treatment
- Infringe on the accused's right to a fair and speedy trial
- Lead to the deterioration of the inmate's mental health condition, possibly contributing to violence, self-harm, or suicide

These procedural inefficiencies often stem from a lack of forensic psychiatrists, inadequate coordination between the judiciary and healthcare providers, and the absence of standardized mental health screening at the time of arrest or remand.

## 11. ISSUES AND CHALLENGES:

### Stigma and Discrimination

Deep-rooted social stigma associated with mental illness continues to be a major barrier to justice and healthcare. Individuals with psychiatric disorders are often marginalized, leading to delayed help-seeking behavior, denial of rights, and biased treatment by law enforcement and judiciary. This societal prejudice undermines fair trials and fuels discrimination within custodial and community settings.

### Delayed Psychiatric Evaluations

A significant challenge arises from the acute shortage of trained mental health professionals, especially forensic psychiatrists, in Gujarat. Many psychiatric units in government hospitals and prisons are understaffed and under-resourced, resulting in delayed or inadequate mental health assessments for accused individuals. These delays hinder timely judicial decisions and prolong unnecessary detention.

### Lack of Institutional Coordination

There is a glaring disconnect between the judiciary, police, and medical institutions when it comes to managing cases involving mentally ill offenders. Absence of standard operating procedures, poor inter-agency communication, and unclear jurisdictional responsibilities often lead to procedural lapses and inconsistent handling of such cases.

### Inadequate Legal Representation

Mentally ill accused persons frequently remain unrepresented or poorly represented in court due to the lack of specialized legal aid. Many are unaware of their rights, and legal aid lawyers are seldom trained in handling cases involving psychiatric illness, resulting in miscarriages of justice and prolonged incarceration without proper adjudication.

### Rehabilitation and Reintegration Gaps

Long-term care and rehabilitation services for mentally ill offenders are grossly inadequate. Most institutions focus solely on custodial treatment rather than holistic rehabilitation. There is a lack of halfway homes, community reintegration programs, and post-release support systems, leading to high chances of relapse, recidivism, and societal alienation.

## 12. SUGGESTIONS AND RECOMMENDATIONS:

**Key Recommendations for Gujarat: Addressing Psychiatric Illness and Criminality**

### 1. Forensic Psychiatry Training for Stakeholders

Comprehensive training programs in forensic psychiatry should be made mandatory for police officers, judges, prosecutors, prison staff, and legal aid providers. These programs must focus on identifying symptoms of mental illness, understanding criminal responsibility in the context of psychiatric disorders, and managing interactions with mentally ill accused in a legally and ethically appropriate manner.

### 2. Establishment of Dedicated Forensic Mental Health Cells in District Courts

Each district court should have a fully functional forensic mental health cell comprising psychiatrists, clinical psychologists, social workers, and legal experts. These cells would assist the judiciary in conducting timely mental health assessments, advising on diversion to treatment facilities, and ensuring that mentally ill accused receive appropriate care during the trial process.

### 3. Strengthening and Specializing Legal Aid Clinics

Legal aid clinics must be strengthened with interdisciplinary teams trained in handling cases involving mental illness. Specialized units within the State Legal Services Authorities should be formed to offer legal representation, psychiatric referrals, and follow-up support for mentally ill offenders, ensuring they are not left unrepresented or misjudged due to lack of resources.

### 4. Judicial Oversight Committees for Monitoring Compliance and Welfare

Independent judicial oversight committees should be constituted at the district and state levels to monitor the condition, evaluation, and treatment of mentally ill individuals in custody. These bodies would play a crucial role in preventing neglect or abuse, reviewing detention conditions, and ensuring periodic mental health evaluations are conducted in a humane and timely manner.

### 5. Development of Community-Based Psychiatric Services and Rehabilitation Programs

To reduce recidivism and facilitate the reintegration of mentally ill offenders, the state must invest in expanding accessible community-based psychiatric services. This includes outpatient clinics, halfway homes, and supported employment initiatives. Collaboration with NGOs and public health departments will be vital to offer long-term, non-institutional care and reduce the burden on custodial settings.

## 13. CONCLUSION

This study underscores the urgent need for a robust, coordinated response to the complex issue of psychiatric illness and criminality. Gujarat's legal and medical systems must work together to uphold the constitutional rights of mentally ill offenders. Legal reforms, better infrastructure, and sensitization programs are imperative for a just and humane criminal justice system.



This study underscores the urgent need for a robust, coordinated response to the complex and often misunderstood intersection of psychiatric illness and criminality. The treatment of mentally ill offenders requires a multifaceted approach that balances legal accountability with medical compassion and social responsibility. In the context of Gujarat, the convergence of legal, medical, and institutional mechanisms must be strengthened to ensure that the constitutional rights of such individuals—particularly the right to life with dignity and the right to fair trial—are fully upheld. The present systems often suffer from fragmentation, inadequate infrastructure, and a lack of trained personnel, resulting in procedural delays, misdiagnosis, and inappropriate incarceration.

To address these challenges, legal reforms must be implemented to clarify and enforce provisions related to criminal responsibility, fitness to stand trial, and the diversion of mentally ill offenders to treatment facilities rather than prisons. Parallelly, the state must invest in upgrading mental health infrastructure within the criminal justice system, including specialized forensic psychiatric units and trained medical staff in custodial settings. Sensitization programs targeting police officers, judicial personnel, prison authorities, and even the general public are equally crucial to eliminate stigma and foster informed, empathetic decision-making. Only through such coordinated and sustained efforts can Gujarat move towards a just, equitable, and humane criminal justice system that genuinely supports the rehabilitation and reintegration of individuals affected by psychiatric disorders.

## REFERENCES

1. Indian Penal Code, 1860 (Section 84 – Act of a person of unsound mind)
2. Code of Criminal Procedure, 1973 (Sections 328 to 330 – Procedure in case of accused of unsound mind)
3. Mental Healthcare Act, 2017
4. Constitution of India, 1950 (Article 21 – Right to Life and Personal Liberty; Article 22 – Protection of rights of arrested persons)
5. Sarkar, S. (2022). Law of Crimes (Indian Penal Code), Eastern Book Company.
6. Pillai, K.N. Chandrasekharan (2020). Criminal Law, LexisNexis.
7. Ratanlal & Dhirajlal (2021). The Indian Penal Code, LexisNexis.
8. Basu, Durga Das (2019). Constitutional Law of India, LexisNexis.